



# MEDICARE-MEDICAID PLAN (MMP)

## INPATIENT AUTHORIZATION

SOUTH CAROLINA

Expedited Requests: **Call** 1-855-735-4398  
 Standard/Concurrent Requests: **Fax** 1-844-503-8866  
 Behavioral Health Requests: **Fax** 1-833-325-1830

**For Standard (Elective Admission) requests, complete this form and FAX to the appropriate department above.** Determination made as expeditiously as the enrollee's health condition requires, but no later than 14 calendar days after the receipt of request.

**For Expedited requests, please call 1-855-735-4398.** Expedited requests are made when the enrollee or his/her physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

**For Concurrent requests, complete this form and FAX to 1-844-503-8866** (All inpatient stays including patients already admitted, ER patients with admit orders and direct admits). Determination within 72 hours of receipt of request.

**\* Indicates Required Field**

### MEMBER INFORMATION

Member ID \*

Last Name, First

Date of Birth \*

(MMDDYYYY)

### REQUESTING PROVIDER INFORMATION

Requesting NPI \*

Requesting TIN \*

Requesting Provider Contact Name \*

Requesting Provider Name

Phone \*

Fax \*

### SERVICING PROVIDER / FACILITY INFORMATION

Same as Requesting Provider

Servicing NPI \*

Servicing TIN \*

Servicing Provider Contact Name

Servicing Provider/Facility Name

Phone

Fax

### AUTHORIZATION REQUEST

Primary Procedure Code \*

(CPT/HCPCS)

(Modifier)

Additional Procedure Code

(CPT/HCPCS)

(Modifier)

Start Date **OR** Admission Date \*

(MMDDYYYY)

Diagnosis Code \*

(ICD-10)

Additional Procedure Code

(CPT/HCPCS)

(Modifier)

Additional Procedure Code

(CPT/HCPCS)

(Modifier)

Discharge Date (if applicable) otherwise Length of Stay will be based on Medical Necessity

(MMDDYYYY)

Additional Diagnosis Code

(ICD-10)

### INPATIENT SERVICE TYPE \*

(Enter the Service type number in the boxes)

#### Delivery

- 779 C-Section Delivery
- 720 Vaginal Delivery

#### Miscellaneous

- 121 Long Term Acute Care
- 970 Medical
- 414 Premature/False Labor
- 402 Skilled Nursing Facility
- 492 Subacute
- 411 Surgical
- 992 Transplant

#### Behavioral Health

- 528 BH Chemical Substance Abuse
- 529 BH Psychiatric Admission

#### Rehab

- 427 Rehab

Are services needed for discharge planning?

YES  NO

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.

COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

**Disclaimer:** An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

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